

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12132

63-045937

STATE FILE NUMBER

FILED DEC 12 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
224 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Homer G. Phillips

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1115 N. 14th

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Willie Reed

4. DATE OF DEATH
Month 12 Day 6 Year 63

5. SEX
Male

6. COLOR OR RACE
Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7-17-1909

9. AGE (last birthday)
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY
—

11. BIRTHPLACE (City and state or country)
Collierville Miss. U. S. A

13a. FATHER'S NAME

Unk

13b. MOTHER'S MAIDEN NAME

Annie Coleman

14. NAME OF HUSBAND OR WIFE

Lillian Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Lillian Reed 1115 N. 14th st

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Intractable Congestive Heart Failure

INTERVAL BETWEEN
ONSET AND DEATH
Undet.

DUE TO (b)

Old Myocardial Infarction

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-23-63 to 12-6-63 and last saw her alive on 12-6-63
Death occurred at 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

12-7-63

23. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

12-12-63

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cem

23d. LOCATION (City, town, or county) (State)

St. Louis Mo

24. FUNERAL DIRECTOR

ADDRESS

1711 N. Taylor

25. DATE RECD. BY LOCAL REG.

DEC 9 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

INSTEAD OF

DATE AMENDED

VS 300
Rev. 4/59
1
2 22
3
4 2
5 1
6
7 1
8 2
9
10
11
12 77-0
13
77

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.